

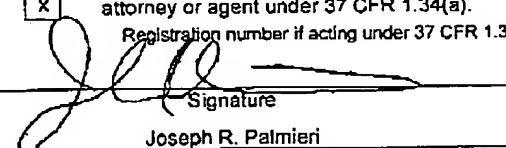
CENTRAL FAX CENTER

APR 28 2006

PTO/SB/22 (10)

Approved for use through 7/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after December 8, 2004)		Docket Number (Optional) 01-1002 RCE 1																								
Application Number For DEVICE INDEPENDENT CALLER ID	10/083,884	Filed February 27, 2002																								
Art Unit 2643	Examiner B. TAYLOR																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120.00</td> <td>\$60.00</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450.00</td> <td>\$225.00</td> <td>\$ 450.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1,020.00</td> <td>\$510.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1,590.00</td> <td>\$795.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2,160.00</td> <td>\$1,080.00</td> <td>\$</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-2347</u>. I have enclosed a duplicate copy of this sheet.</p>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00	\$	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00	\$ 450.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$510.00	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00	\$
	<u>Fee</u>	<u>Small Entity Fee</u>																								
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00	\$																							
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00	\$ 450.00																							
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$510.00	\$																							
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00	\$																							
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00	\$																							
<p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>40,760</u>.</p> <p> <u>Joseph R. Palmieri</u> Typed or printed name</p> <p><u>April 28, 2006</u> <u>(972) 718-4800</u> Telephone Number</p>																										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																										

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the United States Patent Office at 571-273-8300.

Dated: April 28, 2006

Signature: Christian R. Andersen (Christian R. Andersen)

05/01/2006 SSITHIB1 00000035 072347 10083884

01 FC:1252 450.00 DA